Tobacco Education Networks in Communities of Color: Identifying Barriers to Success

Final Report

Prepared by

Maria E. Girlando
Nancy Lenfestey
Angela Burroughs
Matthew C. Farrelly
RTI International
Health, Social, and Economics Research
Research Triangle Park, NC 27709

RTI Project Number 06871.016

RTI
INTERNATIONAL

Tobacco Education Networks in Communities of Color: Identifying Barriers to Success

Final Report

July 2003

Prepared for

Vijaya ChannahSorah
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Room 447D Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Prepared by

Maria E. Girlando
Nancy Lenfestey
Angela Burroughs
Matthew C. Farrelly
RTI International*
Health, Social, and Economics Research
Research Triangle Park, NC 27709

TABLE OF CONTENTS

APPENDICES

LIST OF TABLES

EXECUTIVE SUMMARY

Several state tobacco control programs are at various stages of establishing tobacco prevention and control initiatives, such as statewide ethnic-specific Tobacco Education Networks for African-Americans, Hispanics, Asian/Pacific Islanders, American Indians, and other identified groups. These initiatives share a common goal: to assist states in tailoring tobacco control and prevention efforts that are ethnically and culturally relevant and appropriate. The Tobacco Education Networks are a series of organizations that focus on the populations in communities of color in order to build strong statewide coalitions. Within each ethnic population, there are several ethnic subgroups that require different outreach strategies. These coalitions focus on developing leadership capacity within their communities, promoting the development of effective community-based tobacco control projects, and stimulating coordinated tobacco control activities that have proven to be effective in reaching various ethnic groups across each state, thereby reaching their target populations more efficiently.

Each state faces a number of challenges when trying to address the diverse needs of communities of color. Common challenges include identifying existing effective strategies for tobacco control and prevention for ethnic communities, conveying tobacco control information to functionally illiterate people, translating media and educational materials, and developing interventions to be both culturally and linguistically appropriate. State-developed Networks also face these challenges.

This study examines the development of ethnic-specific Tobacco Education Networks in seven states. We studied the role of each state's Tobacco Education Networks in developing culturally sensitive tobacco control programs for various U.S. racial and ethnic minority groups—groups referred to in this report as communities of color. We identified emerging issues in the Networks' efforts to promote physical health in their communities through tobacco use prevention and tobacco control education. We also examined how communication strategies between the Networks and the state Health Departments have affected the Networks' efforts to eliminate health disparities among communities of color. Finally, we list strategies that we suggest (or opportunities that we conclude) could improve the effectiveness of the Tobacco Education Networks.

To conduct the study, we selected seven ethnically and racially diverse states that have implemented or are developing statewide ethnic-specific Tobacco Education Networks within their tobacco control programs. We then gathered and reviewed published literature and unpublished documents on Tobacco Education Networks from the seven states, the American Legacy Foundation (Legacy), the Centers for Disease Control and Prevention (CDC), and other governmental and nongovernmental sources. We used information from these documents as a foundation to develop a protocol for semistructured interviews with key state employees and stakeholders to gather further information on the barriers and challenges faced in setting up the Networks. We conducted interviews with two to five individuals in each state from September through November 2002.

We identified three areas where most tobacco control stakeholders experience challenges when implementing ethnic-specific Tobacco Education Networks:

- Administration (identification of funding, evaluation tools, and dissemination of findings)

- Program development and implementation (e.g., development and distribution of materials)

- Infrastructure capacity building (e.g., conducting of needs assessments, planning and strategy selection, and establishment of academic/clinical partnerships)

We summarize our key findings in these areas and identify opportunities for funding organizations to improve the efficiency of Tobacco Education Networks.

KEY FINDINGS

Funding allocation and distribution has a direct and significant impact on a Network's ability to build capacity.

State budget cuts have drastically reduced the availability of funds for tobacco prevention. In addition, even though Master Settlement Agreement (MSA) funds are stable (funds from an agreement signed in 1998 by attorneys general in 46 states and the tobacco industry that resolved lawsuits against the tobacco industry), states do not have an obligation to spend these moneys in tobacco control. States are in fact decreasing the amount of these funds that they use for tobacco control. The instability in the allocation and distribution of tobacco control funds directly affects all aspects of capacity building within tobacco control Networks, including staffing, communications, and program development. In addition, we found that tobacco control stakeholders considered that funds were not necessarily equitably distributed among the different ethnic Tobacco Education Networks.

Technical assistance provided to the Network organizations is inadequate.

We found that all state tobacco control programs offer some degree of assistance to support the local Networks in planning, implementing, and evaluating their initiatives. However, most of the Network staff interviewed reported that the state program staff were not equipped to respond to the large variety of queries sent in by the Networks. Networks requested assistance with matters in such areas as the development of financial sustainability, grant writing, the identification of ethnic- and racial-specific promising practices for tobacco control and prevention initiatives within different settings (e.g., medical, educational, or religious institutions), and the dissemination of culturally appropriate education materials through communities with various levels of literacy.

Practices in tobacco control initiatives within communities of color are not based in rigorous social science methods.

We found little published literature (electronically or in print) on the implementation of statewide Tobacco Education Networks for communities of color. In addition, it is a significant challenge for state personnel to provide technical assistance on promising practices to the many diverse Networks across the state. The majority of state tobacco control staff we interviewed expressed that personnel within state and community organizations would benefit greatly from technical assistance—specifically, to help them understand mainstream evidence-based interventions and how to change these into culturally appropriate promising practices. There is a marked need for tools and proven strategies to assist the state tobacco control programs in creating Networks.

There was little communication across the multiple tobacco control stakeholders and the Network organizations.

Most state tobacco control officials provided input to the Networks on the design of their strategic plans but little direct guidance in the areas of cultural competency training, grant writing, surveillance, and evaluation. For the most part, ethnic Networks within each state operated independently of each other. Networks lacked the knowledge and resources to establish cross-Network communications, and most state programs did not offer a medium conducive to this. This lack of coordination and collaboration leads to inefficiencies and inhibits coordination of activities throughout the Network. It may also inhibit communication between the community-based organizations (CBOs) within each Network.

The continual loss of experienced staff is severely affecting the state Networks' ability to build capacity.

Many of the Tobacco Education Networks are unsure of the fate of their funding and of their roles and responsibilities. In response to this uncertainty, many staff members leave for more stable jobs, resulting in a staffing shortage. The continual training of new staff affects the Networks' ability to implement their work plans effectively.

Networks have difficulty reaching target populations that are located in widely dispersed geographical areas.

Network community organizations have not been able to implement cost-effective initiatives that reach target populations located in widely dispersed geographical areas. There is little coordination of multiple strategies within each Network, or across the Networks within each state, at the county or community level. Networks require assistance in reaching and establishing coalitions with traditional nontobacco CBOs. This lack of cross-collaboration among CBOs in geographically dispersed areas increases the cost of mobilizing staff to implement tobacco control initiatives.

OPPORTUNITIES TO IMPROVE THE EFFICIENCY AND EFFECTIVENESS OF THE TOBACCO EDUCATION NETWORKS

We found that the majority of tobacco control stakeholders, in particular the CBO staff, would benefit from the availability of a national coordinating body designed to support the Networks and state tobacco control personnel with technical assistance to eliminate ethnic and racial disparities in tobacco use. We determined that in most of our interviews, the majority of state personnel designated for this task were not fully trained in dealing with race- or ethnicity-specific issues (such as culturally sensitive marketing). In addition, personnel were unable to offer the assistance requested by states' grantees in such diverse areas as grant writing, culturally appropriate marketing strategies, securement of matching funds, and publication and dissemination of evaluation findings. A national coordinating body comprised of a multidisciplinary team that works in partnership with national, state, and local organizations could greatly assist state tobacco control programs in achieving their mission goals. Such a center could market its services nationwide through already established public health community Networks. It could encourage better communication across the wide range of agencies working in the Networks; provide tobacco control stakeholders in communities of color with the appropriate channels for technical assistance; encourage research and evaluation activities providing guidance on the development of culturally

sensitive materials, media campaigns, and other outreach strategies; and publish and disseminate findings regarding statewide initiatives for communities of color.

Promote adequate, multi-year funding.

Sustainable funding is critical for effective Tobacco Education Networks, and funds for these tobacco control programs should come from a reliable and guaranteed source whenever possible, such as cigarette excise taxes or MSA payments. Funding acquired from cigarette excise taxes is sufficient to fund and maintain a program (Campaign for Tobacco-Free Kids, 2003) with a host of Networks and is not as susceptible to funding cuts as the MSA payments. According to the *Show Us the Money* report (Campaign for Tobacco-Free Kids, 2003) on the status of state tobacco settlements, at least two states have been able to fund their tobacco control programs through money collected from cigarette excise taxes. In these two study states, voters approved ballot initiatives that provided for a certain percentage of the revenues from each pack of cigarettes sold to go into a fund that the state had earmarked specifically for tobacco education programs. This type of initiative has proven to be effective in providing a steady stream of funding, and it should be promoted. In addition, considering the variable complexity resulting from within-community heterogeneity, funds should be allocated to Networks in a more equitable and effective manner. States may consider such factors as relative population sizes, the relative health burdens of different populations, and the existing levels of capacity and infrastructure within programs and communities.

Provide technical assistance to Networks and communities of color.

A national coordinating body that specializes in providing technical assistance to communities of color could alleviate the burden placed on the core group of state tobacco control staff and provide guidance to the Network organizations. A national body could coordinate more in-depth statewide needs assessments, which would provide information on how to meet individual needs within each state and ethnic/racial group. This body could also collect success stories throughout the various states on strategies for preventing initiation, promoting cessation, and eliminating secondhand smoke in communities of color; conduct systematic evaluations of community interventions nationwide to synthesize their findings; conduct secondary data analysis to examine the evidence of the impact of community initiatives among communities of color; and disseminate these findings nationally.

Our research found that organizations that are currently providing this type of assistance at a national or regional level are not fulfilling the needs of the state, Network, or CBO staff. Given the existence of technical assistance centers, further research is needed to determine why state and community personnel active in tobacco prevention and tobacco control programs are not using these resources (e.g., the present technical assistance organizations may be understaffed, the organizations may not have the scientific knowledge, or their marketing of services offered is inadequate).

Encourage research and evaluation activities; publish and disseminate findings regarding statewide initiatives for communities of color.

There is room for improvement in the evaluation of Network initiatives to understand the impact of program outcomes. One way to assure this is accomplished is to tie outcome evaluation to grant moneys, thus forcing the creation of evaluation literature that could provide evidence on the impact of Network initiatives in communities of color. This would increase the body of knowledge on how well the selected methods and strategies worked in achieving the desired objectives. In order to guide the efficient

allocation of funds, the evaluation component tied to each grant should also integrate measures of the cost-effectiveness of the initiative. States need proven strategies to enact Tobacco Education Networks as a cost-effective initiative for tobacco control in ethnic and racial populations.

Encourage better communication across the wide range of agencies working in the Networks.

A technical assistance coordinating body for communities of color that creates opportunities for the Networks to convene and share strategies could greatly benefit an individual Network's efforts. It could also enhance the unity of the Networks as an overall collaboration, thereby strengthening their collective voice in lobbying efforts, easing the challenge of communications across the various agencies, and alleviating internal communication problems by coordinating the efforts of the various agencies involved and creating a centralized work plan for each ethnic Network. In addition, this coordinating body could also facilitate better communication across all Network CBOs through the coordination of communications across similar groups within the Network, such as CBOs conducting health initiatives in African-American medical settings, and across similar groups nationally. Strategic planning that promotes the creation of collaborations among the statewide tobacco control Networks and local community organizations could maximize each Network's ability to effectively implement its initiatives in populations located over wide geographic areas.

Encourage states to allocate moneys toward a core group of state staff who would build capacity and maintain continuity through funding cycles.

States should ensure in their fiscal year plans that their tobacco control programs have adequate funding for the long-term support of a core team of state tobacco control staff. States would identify and protect the positions for this core team and in so doing eventually build capacity. States would benefit from a long-term commitment to develop capacity as staff develop experience over time. Statewide strategic planning should reflect recognition of this potential barrier and provide recommendations to minimize the impact of dynamic funding levels.

Encourage the systematic collection of evaluation information of tobacco control programs dealing with populations in widely dispersed geographical areas.

We suggest that existing national organizations that already have state links and are already fulfilling evaluation activities search for funds to create a centralized coordinating body for multiethnic tobacco control initiatives. Networks could address their needs for coordination of multiple strategies at the state level through this center, since it would also serve as a centralized database of race- and ethnicity-specific tobacco control initiatives. The center could also assist by fostering collaboration and communication among all tobacco control stakeholders with specific ethnic CBOs. Strategic planning that promotes collaboration among the statewide tobacco control county departments and all local CBOs could maximize the Network's ability to effectively implement its initiatives.

1. INTRODUCTION

RTI International (RTI) recently completed a report entitled "Evaluation Synthesis: Tobacco Control Programs in Communities of Color" (Mutran and Girlando, 2002) for the U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE). During our research on focused evaluations of interventions on ethnic and racial minority communities, or communities of color, we found that there was very little published literature on the effectiveness of such initiatives. Because the provision of resources to ethnically and culturally diverse communities is a significant challenge for many tobacco prevention and control programs, we explored more thoroughly the strategies used by various states and the barriers and challenges they faced in addressing this issue. We found that one such approach being used by a number of states was the development of statewide race- and ethnicity-specific Tobacco Education Networks.

ASPE subsequently contracted with RTI to conduct a more in-depth examination of Tobacco Education Networks in several states that have implemented, or are at various stages of developing, these Networks for communities of color. This report presents the findings of this examination.

1.1 BACKGROUND

We found that Tobacco Education Networks, in general, involve multiethnic community leaders and youth in developing strategies to address such issues as education, prevention, policy, and advocacy. Members provide technical assistance in designing and implementing ethnicity-specific countermarketing messages as well as actively informing and educating other community leaders and members about race- and ethnicity-specific issues related to tobacco.

California was the first state to establish a statewide ethnicity-specific Network to address tobacco use. In 1991, California established four such Networks in the state's multicultural populations:

- AATEN—African-American Tobacco Education Network

- AITEN—American Indian Tobacco Education Network

- APITEN—Asian & Pacific Islander Tobacco Education Network

- H/LaTEN—Hispanic/Latino Tobacco Education Network

The California program organized the individual Networks into a comprehensive multiethnic coalition: the California Joint Ethnic Tobacco Education Networks. These Networks tailor general tobacco control and prevention efforts to be ethnically and culturally relevant, conduct culturally-specific educational and advocacy campaigns, administer mini-grant programs, and provide technical assistance on how to effectively reach and work with California's diverse populations. Based on the success of the California tobacco prevention and control program, several states are now at various stages of establishing similar tobacco prevention and control initiatives, such as statewide ethnicity-specific Networks for African-Americans, Hispanics, Asian/Pacific Islanders, American Indians, and other identified groups. These initiatives share a common goal: to assist the states in tailoring tobacco control and prevention efforts to be ethnically and culturally relevant and appropriate. The initiatives studied in this report include the

Tobacco Education Networks, initiatives overseen by an informal set of Networks composed of community organizations, and initiatives coordinated by state tobacco control coordinators.

We recognize that each state has a unique programmatic structure to approach the problem of tobacco within their ethnic and racial communities and that the programs' goals differ across states and change over time. *Table 1* shows the comprehensive tobacco control program goals for the seven study states in fiscal year 2002. Some states focus their initiatives for ethnic groups on youth prevention, others on adult cessation, and yet others on secondhand smoke. In this report, we use the terms "Tobacco Education Networks" or "Networks" to refer to all these programs, projects, and initiatives.

Each state faces a number of challenges when trying to address the diverse needs of communities of color. Common challenges include identifying existing effective strategies for tobacco control and prevention in ethnic subgroups, conveying tobacco control information to functionally illiterate people, translating media and educational materials, and developing interventions to be both culturally and linguistically appropriate. States also face these challenges when developing Tobacco Education Networks. We examined the barriers faced by these Networks in attempting to enhance tobacco control and prevention education in diverse communities.

1.2   PURPOSE

One of the goals of the FY 2004–2009 HHS Strategic Plan is to reduce the major threats to the health and well-being of all Americans (Strategic Plan Goal 1). DHHS is addressing this goal by emphasizing preventive health measures, such as promoting healthy behaviors through initiatives across the DHHS multiple agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration (SAMHSA). One of the strategic objectives is to reduce tobacco use, especially among youth. The HHS Strategic Goal is aligned with President Bush's 2002 initiative for a "Healthier US" (HealthierUS Initiative, 2002). A priority area in the President's action plan for improving the nation's health is to reduce tobacco use. Appropriately, most programs are already working to decrease tobacco use by funding diverse organizations to use culturally appropriate approaches in their tobacco control initiatives. However, there is a void in the literature on the evaluation of such initiatives.

1.3   STRUCTURE OF REPORT

We structured the remainder of this report as follows: Section 2 describes the methodology used to select the states of interest, collect background information, develop the instrument, and identify and contact key informants; Section 3 provides further discussion and synthesis of our findings and highlights opportunities for improvement; and Section 4 presents concluding remarks. Appendix A presents descriptions of the state programs, and Appendix B presents the interview script for the Tobacco Education Networks and Task Forces in communities of color.

Table 1
Comprehensive Tobacco Prevention and Control Program Goals for Fiscal Year 2002, by State

	Promote Cessation	Prevent Initiation	Reduce/Eliminate Secondhand Smoke Exposure	Reduce Disparities	Empowerment	Reduce Youth Access	Counter Tobacco Industry Influence	Public Education
California	•		•			•	•	
Florida	•	•	•					
New York[a]	•		•			•		•
Oklahoma	•	•	•					
Oregon	•	•	•	•				
Texas	•	•	•	•				
Wisconsin	•	•	•			•		

[a]New York is in the process of developing new guidelines and reprioritizing goals. As a result, such information is currently incomplete.

Sources: California Department of Health Services Tobacco Control Section. November 2002. California Tobacco Control Update 2002. <http://www.dhs.cahwnet.gov/tobacco/documents/TCSupdate.PDF>. (February 20, 2003).

Florida Leadership Council for Tobacco Control and the Tobacco-Free Florida Partners Network for the Florida Department of Health. February 2002. Tobacco Prevention and Control: Florida's Comprehensive Plan for Action 2001-2003. <http://www.doh.state.fl.us/family/tobacco/CSP.html>. (February 20, 2003).

Maryland Department of Health and Mental Hygiene. February 2002. Cigarette Restitution Fund-Tobacco Use Prevention and Cessation Program—Family Health Administration. <http://mdpublichealth.org/crfp/pdf/F03tobacco.pdf>. (February 20, 2003).

Tobacco Use Prevention and Cessation Advisory Committee. May 2002. The Oklahoma State Plan for Tobacco Use Prevention and Cessation. <http://www.health.state.ok.us/program/tobac/StatePlan/stateplan.pdf>. (February 20, 2003).

Oregon Department of Human Services. Overview of Oregon's Tobacco Prevention Program. <http://www.ohd.hr.state.or.us/tobacco/overview.htm>. (February 20, 2003).

Texas Department of Health, Tobacco Prevention and Control. December 2002. Strategic Plan 2003-2008. <http://www.tdh.state.tx.us/otpc/plan.pdf>. (February 20, 2003).

Wisconsin Department of Health and Family Services. Wisconsin Tobacco Control Program Information. <http://www.dhfs.state.wi.us/health/TobaccoControl/index.htm#Control>. (February 20, 2003).

2. METHODOLOGY

2.1 PROGRAMS OF INTEREST

We selected states with racially and ethnically diverse populations that had race- or ethnicity-specific initiatives within their tobacco prevention and control programs (***Table 2***). Seven states were studied for our report: California, Florida, New York, Oklahoma, Oregon, Texas, and Wisconsin. Each of these states has already established or is working to establish at least one ethnicity-specific Tobacco Education Network.

California was chosen specifically because of its widely known tobacco control program, its long history with ethnicity-specific Tobacco Education Networks, and its large ethnic population. Florida and New York are included because of their high concentration of three large ethnic populations and because of the challenges they have faced in developing their own ethnicity-specific Tobacco Education Networks. Texas and Oklahoma each have at least two large ethnic populations, and Oklahoma and California have the two largest populations of American Indians in the United States. We chose Wisconsin and Oregon because of their current efforts to establish ethnic Networks.

We also conducted an electronic search of projects and initiatives implemented at the national level that provided tobacco-related technical assistance to communities of color. At the time of our search, none of the national organizations offered services to CBOs and state personnel that were tailored to their specific needs.

2.2 COLLECT BACKGROUND INFORMATION AND DEVELOP INSTRUMENT

To remain sensitive to the large number of information requests received by state tobacco control programs and to avoid placing additional burden on their staff, we first gathered readily available information from published literature, web sites of governmental and nongovernmental funding sources that are conducting related initiatives, electronic databases, Legacy, and CDC. We also investigated data previously collected by or made available to RTI staff. This information includes relevant materials already collected by RTI's Public Health Economics and Policy Research (PHEPR) staff to supplement our literature review efforts and the initial search for background information. PHEPR staff regularly update information on states' tobacco control efforts. After identifying gaps in the data and assessing what information was missing, we developed a protocol for a semistructured interview.

We determined the approach used by the state and local agencies in developing each state's Tobacco Education Network. This step allowed us to identify barriers within each stage of the program's development. We identified the resources used in the program; their link with the planned program activities; the products of the program activities; and the link of these to the program's/Network's short-, intermediate-, and long-term outcomes. Using this information, we drafted a data collection instrument for our semistructured interviews (shown in Appendix B). We chose to use the flexible format of semistructured interviews to allow the interviewer and the interviewee the freedom to move the conversation in any direction of interest to explore in depth the various issues that arose. RTI researchers

Table 2
Percentage of Population by Race and Hispanic or Latino Origin (2000)

United States, State	Total Population	All Races	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)	White Alone, Not Hispanic or Latino
			One or More Races							Hispanic or Latino and Non-Hispanic/Latino	
United States	281,421,906	100	75.1	12.3	0.9	3.6	0.1	5.5	2.4	12.5	69.1
California	33,871,648	100	59.5	6.7	1.0	10.9	0.3	16.8	4.7	32.4	46.7
Florida	15,982,378	100	78.0	14.6	0.3	1.7	0.1	3.0	2.4	16.8	65.4
New York	18,976,457	100	67.9	15.9	0.4	5.5	0.0	7.1	3.1	15.1	84.9
Oklahoma	3,450,654	100	76.2	7.6	7.9	1.4	0.1	2.4	4.5	5.2	94.8
Oregon	3,421,399	100	86.6	1.6	1.3	3.0	0.2	4.2	3.1	8.0	92.0
Texas	20,851,820	100	71.0	11.5	0.6	2.7	0.1	11.7	2.5	32.0	52.4
Wisconsin	5,363,675	100	88.9	5.7	0.9	1.7	0.0	1.6	1.2	3.6	96.4

Percentage of Total Population (%) — Race or Ethnicity

Source: U.S. Census Bureau. April 2, 2001. Census 2000 Redistricting Data (P.L. 94-171) Summary File for States and Census 2000 Redistricting Summary File for Puerto Rico, Tables PL1 and PL2. <http://quickfacts.census.gov/qfd/>.

extracted most of the questions used on this instrument from instruments used in previous studies at RTI. We modified the instrument after we conducted the first two interviews in response to feedback received by the tobacco control stakeholders interviewed. We found that a semistructured interview, although time-consuming, was the most useful tool for capturing the different levels of preparedness and the wide array of situations faced by tobacco control stakeholders and their grantees/subcontractors when setting up Networks. We synthesized our interview notes to establish common themes across the states on issues that had arisen in developing and establishing the race- and ethnicity-specific Networks.

2.2   IDENTIFY AND INTERVIEW KEY STATE CONTACTS

We obtained the names and contact information of the appropriate persons in each of the seven states to be included in the study through RTI's national database of tobacco control personnel. The database includes the names of such state officials as the current tobacco control program directors, managers, and professional-level public health staff in charge of tobacco-related or health activities in Priority Populations or Diversity Programs.

Before calling the tobacco control stakeholders, we mailed a letter of introduction to the state's tobacco control officer and, whenever possible, discussed the project with the tobacco control program director. We conducted semistructured telephone interviews with two to five key employees and stakeholders in each state to investigate barriers faced during the implementation of Tobacco Education Networks. In our initial contacts with the states, we discussed the role that community organizations play in establishing the Networks and identified the names and contact information of other state stakeholders. These individuals provided local and community perspectives and identified challenges faced at this level. We conducted interviews from September through November 2003.

3.   FINDINGS

3.1   OVERVIEW

We have identified three areas where most tobacco control stakeholders experience barriers in implementing race- and ethnicity-specific Tobacco Education Networks:

- Administration (identification of funding, evaluation, and dissemination of findings from evaluations)

- Program development and implementation (e.g., development and distribution of materials)

- Infrastructure capacity building (e.g., conducting needs assessments, planning and strategy selection, and establishment of academic/clinical partnerships)

We analyzed the evidence provided in the interviews within each of these areas and summarized the study findings. Our summary of the findings identified the key strategies being implemented, barriers faced at the state and local levels, lessons learned, and possible areas where further investigation is needed.

We examined results on several levels to allow for the identification of challenges related to developing and implementing tobacco control initiatives in communities of color. First, we conducted individual state analyses that allowed us to identify strategies and challenges faced at the state level.[1] Second, we conducted cross-state analyses that examined strategies and challenges for addressing specific racial and/or ethnic groups. Finally, we synthesized our findings and identified opportunities for improving the effectiveness of race-and ethnicity-specific Tobacco Education Networks.

3.2   SUMMARY OF STRATEGIES USED

There are three major strategies for addressing tobacco control among specific ethnic groups within a state: Tobacco Education Networks, initiatives coordinated by state tobacco control coordinators, and initiatives overseen by an informal set of Networks composed of community organizations (*Table 3*).

- The first strategy, Tobacco Education Networks, consists of centralized coalitions of organizations that focus on tobacco control and prevention among African-American, Hispanic/Latino, Asian/Pacific Islander, and American Indian populations. These coalitions in turn focus on developing leadership capacity within their communities, promoting the development of effective community-based tobacco control projects, and stimulating coordinated tobacco control activities.

- The second strategy, initiatives coordinated by state tobacco control coordinators, are also statewide programs that include a tobacco control coordinator for communities of color. These coordinators provide technical assistance to the state's health Networks or to the state's county tobacco control staff on ethnic and racial tobacco-related issues. They also implement, assess, and improve initiatives such as mini-grant programs led by task forces of ethnically and racially diverse members with experts on minority issues.

---

[1]Due to confidentiality issues, summaries of individual state barriers are not included in this report. In our conversations with tobacco control staff, we found that certain subjects were not open to discussion unless confidentiality was assured.

Table 3
Strategies Used by States in Working with Communities of Color

Strategy Used by State in Working with Communities of Color	CA	FL	NY	OK	OR	TX	WI
Tobacco Education Networks							
African-American	•			•			•
Asian and Pacific Islander	•		•	•			•
Alaska Native or American Indian	•			•			•
Hispanic or Latino	•		•	•			•
Initiatives overseen by state tobacco control coordinators		•			•		
Initiatives coordinated by an informal set of Networks composed of county- and/or state-level multiethnic initiatives			•			•	

- Finally, there are initiatives overseen by an informal set of Networks composed of community organizations. These informal Networks of community organizations strive to conduct initiatives dedicated to educate and empower minorities in their health care decisions. These Networks often conduct county- or community-level initiatives not funded or coordinated by the state. In addition, these initiatives sometimes encompass a focus wider than tobacco control, such as cancer and other chronic illness prevention programs.

3.3   SUMMARY OF CASE STUDIES

From the synthesis of interviews with stakeholders, six key findings were identified:

- Finding 1: Funding allocation and distribution has a direct and significant impact on a Network's ability to build capacity.

- Finding 2: Technical assistance provided to the Network organizations is inadequate.

- Finding 3: Practices in tobacco control initiatives within communities of color are not based on rigorous social science methods.

- Finding 4: There was little communication across the multiple tobacco control stakeholders and the Network organizations.

- Finding 5: The continual loss of experienced staff is severely affecting the state Networks' ability to build capacity.

- Finding 6: Networks have difficulty reaching target populations that are located in widely dispersed geographical areas.

In the following sections, we discuss each of these findings.

Finding 1: Funding Allocation and Distribution Has a Direct and Significant Impact on a Network's Ability to Build Capacity

Allocation of State Budgets. State budgets have drastically reduced the availability of funds for tobacco prevention in the past few years. In addition, even though MSA payments are stable, some states are choosing not to use those funds for tobacco control. Instability in the allocation and distribution of tobacco control funds directly affects all aspects of capacity building within tobacco control Networks, including staffing, communications, and program development. We found that all the states' tobacco control programs are funded at levels below the CDC's recommended minimum for total tobacco control for fiscal year 2003 (*Table 4*).

Distribution of Program Funds. Almost all state staff interviewed expressed concern over their respective program funding situations and in general believed that cuts were likely because of state budget shortfalls. Four states experienced funding restrictions due to cuts during the previous budget cycle, and two of those four had initially received higher levels of funding that the state later drastically reduced or otherwise restricted. As a result of these reductions, Networks had to make cuts in areas that otherwise would not have been hindered by funding issues, such as infrastructure development.

Funding issues also affected the number of mini-grants that a Network could award to CBOs. Some of the states' Networks use part of their funding to release a request for proposals (RFPs) that local CBOs can respond to by submitting a mini-grant application. The Networks establish advisory boards to review the applications and recommend which proposals to fund, usually at modest amounts. Although most states previously offered mini-grants to local CBOs, this changed as a result of funding cuts that affected their budgets. Some states suffered a doubly negative effect, because on one hand, there was less money to distribute to the CBOs, and on the other, there was a larger pool of CBOs and/or local agencies applying for mini-grant funding.

In addition to the concern expressed by state tobacco control personnel about overall funding for state tobacco control programs, Network staff also expressed their concerns about the distribution of program funds. Interviewees from one state expressed disappointment when each of their state Networks received equal funding, regardless of the number of persons served. Networks that served larger populations did not feel they had access to an adequate amount of resources, when compared with the Networks that had a smaller population base.

In two of the states participating in this study, program funds distributed to the Networks for minority initiatives were restricted to initiatives that complied with the state program goals. The overall goals for a state tobacco control program (e.g., prevent initiation, decrease exposure to secondhand smoke) do not always match the goals of the Networks (e.g., decrease health disparities). In at least one state, the state program challenged the Network's adult cessation initiatives because program funding was restricted to youth initiatives.

Opportunity for Improvement. This finding suggests that sustainable funding is critical for effective Tobacco Education Networks and that the funds for these tobacco control programs should come from a reliable and guaranteed source whenever possible, such as cigarette excise taxes or MSA payments. In addition, considering the variable complexity resulting from within-community heterogeneity, funds should be allocated to Networks in a more equitable and effective manner. States may consider such

Table 4
Tobacco Control Funding for the Tobacco Control Programs and their Ethnic-Specific Networks and Task Forces

	CA	FL	NY	OK	OR	TX	WI
Total Tobacco Control Funding Fiscal Year 2003[a]	$88,350,000	$37,500,000	$40,000,000	$2,450,000	$11,090,000	$12,500,000	$15,500,000
CDC Recommended Fiscal Year 2002 Per Capita Total Tobacco Control Funding[b] (lower and upper estimates)	$165,098,000 $442,403,000	$78,383,004 $221,260,000	$95,830,000 $269,296,000	$21,825,000 $56,310,000	$21,131,000 $52,840,000	$103,288,000 $284,735,000	$31,158,000 $82,381,000
Percentage of CDC's Minimum Recommendation for Total Tobacco Control Funding Fiscal Year 2003	53.5%	47.8%	41.8%	11.2%	52.6%	12.11%	49.7%

[a]Campaign for Tobacco-Free Kids. January 2003. Show Us the Money: An Update on the States' Allocation of the Tobacco Settlement Dollars. <http://www.tobaccofreekids.com/reports/settlements/2003/fullreport.pdf>.

[b]Centers for Disease Control and Prevention (CDC). 2002a. Tobacco Control State Highlights 2002: Impact and Opportunity. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. <http://www.cdc.gov/tobacco/StateHighlights.htm>.

factors as relative population sizes, the relative health burdens of different populations, and the existing levels of capacity and infrastructure within programs and communities. State health departments should recognize the importance of disparities to Networks and the fact that this emphasis may result in strategies necessarily different from established statewide or territory goals. Indicators for disparities may be broad, and respective communities will reflect differences across a range of criteria.

Finding 2: Technical Assistance Provided to the Network Organizations Is Inadequate

We found that all state programs offered some degree of assistance to support the local Networks in planning, implementing, and evaluating their initiatives. However, almost all of the Network representatives interviewed noted that the assistance received was insufficient or inadequate. The tobacco control stakeholders interviewed stated that the state programs were not equipped to respond to the large variety of queries sent in by the Networks; for example, queries in such areas as securing funding, grant writing, advice on promising practices for tobacco control and prevention initiatives within different settings (e.g., medical, educational, or religious institutions), and the dissemination of culturally appropriate education materials through communities with various levels of literacy. Interviews with state tobacco control program personnel confirmed this finding and generally attributed it to a shortage of funds for an effective solution, such as hiring additional qualified state personnel or contracting with an agency to serve as a coordinating body to assist the core state personnel in their research needs. Network stakeholders had difficulty finding information related to effective prevention initiatives among communities of color. Examples of information that would help them build effective Networks include the following:

- Each year, approximately 45,000 African-Americans die from a preventable smoking-related disease, such as heart disease, cancer, or stroke (CDC, 1995). Research has shown the effectiveness among the adult African-American population of smoking cessation interventions, such as tailored self-help manuals and materials, telephone counseling, nicotine patch, counseling, and clinician advice (USDHHS, June 2000). Given the wide difference in the costs of establishing these initiatives (for example, telephone counseling versus self-help manual), states would benefit from knowing which of these initiatives is most cost-effective within communities similar to theirs.

- Southeast Asian males have the highest smoking rate among Asian American/Pacific Islanders (approximately 43 percent) (USDHHS, 1998). Network stakeholders need information on what cessation initiatives designed to target overall Asian American groups are equally effective in promoting cessation among Southeast Asian males.

- In 2000, 44 percent of American Indian and Alaska Native adults reported that they had smoked in the past month (SAMHSA, 2001). To develop targeted interventions for this population, American Indian and Alaska Native Networks need to know what initiatives within American Indian and Alaska Native communities are effective in promoting adult cessation while being respectful of the traditional tribal use of tobacco and what models are appropriate for on-reservation and off-reservation populations.

- Among Hispanic smokers living on the U.S. mainland during 1987 through 1991, Cuban-American men were much more likely to be heavy smokers (i.e., smoke more than 14 cigarettes a day) (61 percent) than Mexican-American men (34 percent) (USDHHS, 1998). Information on which initiatives within predominantly Cuban-American and Puerto Rican communities in Miami and New York have proven to be the most cost-effective in promoting cessation among adult men would benefit other Networks with large numbers of Cuban-American and Puerto Rican adult males.

- Among specific groups of Hispanic women residing in the United States, 1.4 percent of Central and South American, 2.6 percent of Mexican, and 3.3 percent of Cuban women smoked during pregnancy, compared with 10.5 percent of all Puerto Rican women (CDC, 2001). To reduce the consequent health disparities arising from the higher smoking rates among pregnant Puerto Rican women, tobacco control stakeholders need more information—specifically, information on what cessation programs designed for pregnant women are most successful in increasing quit rates during pregnancy and in preventing women from taking up smoking again within 6 months postpartum, and which programs are most effective in the Puerto Rican subpopulation.

Most of the Networks also stated the need for guidance on financial sustainability, such as how to secure matching funds. Sustainability, a topic also identified as a priority during our conversations about funding and staffing issues, involved developing renewal applications for program grants and securing funds for future fiscal years. In particular, several interviewees emphasized the importance of technical assistance for organizations with little or no grant writing experience. Some of these organizations did not have difficulty locating available grant moneys; however, technical assistance in grant writing was not readily available for the community organizations, affecting the organizations' sustainability.

State staff have difficulty guiding Network CBOs and their diverse needs for technical assistance. For example, in one state, the CBOs of the Network for Hispanic/Latino populations found little help when faced with the challenge of disseminating culturally appropriate education materials through communities with various levels of literacy. In addition, they found that telephone quit lines were not an appropriate alternative since some of the people in these communities did not have a telephone. In another state, two of the Networks had enough grant writing experience to serve as technical advisors to the other Networks. However, they found that the regional contacts provided by the state for technical assistance were not prepared to answer their questions on culturally-specific strategies for tobacco control and prevention interventions; the Networks had to go outside of the state channels to find information on these and then teach themselves. Most Networks agreed that it was difficult to find information on culturally-specific initiatives implemented by other Networks.

State program personnel also found it a challenge to help the community organizations develop general infrastructure skills that could promote and increase expanding coalitions within their communities. Network CBOs need information as to where to find innovative support to encourage multicultural coalitions.

With respect to cultural sensitivity within groups, Network organizations found little or no guidance on developing tobacco control community interventions that were culturally appropriate, effective, and financially sustainable. Organizations that were tuned into one culture needed assistance in developing culturally-sensitive skills to assist other cultures, as they found it was a challenge to understand the community's failings within and across the various ethnic groups. Overall, Network organizations reported that they found little or no guidance in developing tobacco control community interventions that were culturally appropriate, effective, and financially sustainable.

Opportunity for Improvement. A national coordinating body that specializes in providing technical assistance for tobacco control and prevention initiatives in communities of color could alleviate the burden placed on core state personnel and provide guidance to the Network organizations. As a next step, a national body could coordinate more in-depth statewide needs assessments. These assessments would provide information on how to meet the individual needs within each state and provide recommendations. This national coordinating body, or center, could conduct a series of qualitative studies, such as key informant interviews and stakeholder meetings, which would provide rich data. The center could then

analyze and synthesize the findings into individual state reports. These reports could then be widely disseminated to stakeholders within the communities of color.

In addition, a national center could coordinate the creation of a diverse and inclusive national work group that can identify the most efficient tobacco control initiatives in communities of color used to prevent initiation, promote cessation, and eliminate secondhand smoke. The Networks in turn could encourage and promote the outcome evaluation of these initiatives to identify promising strategies. The coordinating body could then collect success stories throughout the various states and disseminate the best strategies. It could also promote and facilitate the long-term evaluation of these strategies in order to identify promising practices and disseminate these findings nationally.

A national technical assistance coordinating body that specializes in cataloguing and disseminating evidence-based practices for communities of color could also work in conjunction with the state Networks to prepare an action plan to meet the state's tobacco control goals and objectives. Several national organizations are working toward the goal of covering the technical assistance needs of local and state community tobacco stakeholders. These organizations, such as the Tobacco Technical Assistance Consortium or the national Latino Council on Alcohol and Tobacco Prevention, offer guidance to tobacco control stakeholders and continue to expand the range of services they offer. However, according to the interviewed stakeholders, there is still a wide gap in the provision of assistance related to communities of color. A national coordinating body could serve as a clearinghouse of culturally-specific resources regarding promising practices. The center could also serve as a link between CBOs and appropriate resources, or if no resources are available, the center could address CBO needs.

Finding 3: Practices in Tobacco Control Initiatives within Communities of Color are Not Based on Rigorous Social Science Methods

Another consistent theme in our interviews was state and Network professional staff's difficulty in finding promising practices in the field of tobacco control and prevention for specific communities of color. State personnel noted that it was a significant challenge to provide culturally appropriate technical assistance to the ethnically diverse Networks across the state. For example, within one specific Network, such as the American Indian Network, agencies had to tailor cessation initiatives to be culturally sensitive and differentiate between the sacred and commercial (i.e., nonceremonial) use of tobacco. In addition, the Networks pointed out that they must test proven strategies with diverse populations in order to identify which to tailor. However, Networks that are presently documenting their activities through annual reports to their funders do not make these reports available nationally through their state's health department or tobacco control website. Tobacco control stakeholders found little published evidence to guide them on promising practices in tobacco control within communities of color and are having difficulty planning for Tobacco Education Networks. This gap in literature has forced the tobacco control staff we interviewed to look for assistance in understanding mainstream evidence-based interventions and in changing these into culturally appropriate promising practices. However, in almost all of our interviews, state and Network personnel could not identify a source that effectively answered their inquiries into how to transform mainstream messages into messages that are culturally appropriate for the communities of color. In one of our interviews, we found that a statewide program designed for the Hispanic community was unsuccessful with rural communities. The program reached the urban population but was ineffective with the agricultural Mexican population.

None of the states we interviewed has an action plan that is conducive to creating and disseminating literature on promising practices for communities of color. Neither the state nor the Networks have the

incentive to evaluate their initiatives using rigorous social science methods or to disseminate their findings though the state's tobacco control website for the benefit of other states planning to implement Networks.

Opportunity for Improvement. There is room for improvement in the evaluation of Network initiatives to understand the impact of program outcomes. There is no literature on the evaluation of Tobacco Education Networks for communities of color. The electronic publication of any literature regarding effective initiatives or on the process evaluation of these initiatives would be helpful to other states and organizations. We suggest, depending on availability of funds and expertise, that there needs to be additional research on the effectiveness of different approaches that support process and impact evaluation of Network activities. One way to assure this is accomplished is to tie outcome evaluation to grant moneys, thus forcing the creation of evaluation literature that could provide evidence on the impact of Network initiatives in communities of color. In addition, the Networks should only release RFPs for community initiatives that require the grantee to complete a process evaluation and an outcome evaluation annual progress report, regardless of how informal, that the state can then disseminate electronically through their website. This strategy would provide a body of literature available nationally within a relatively short time. As a next step, an organization could conduct an evaluation synthesis of these studies and produce a summary of promising cost-effective practices for tobacco control within communities of color.

In addition, an ethnically diverse tobacco control coordinating body with experience in statewide initiatives could suggest an action plan describing the states' specific needs for their communities of color. Within each ethnicity are several ethnic subgroups that require different outreach strategies. By collecting nationwide information on methods that have proven to be effective in reaching various ethnic groups across each state, the coordinating body could assist the state and the Networks in reaching their target populations more efficiently. There should be constant reminders on the importance of supporting research for specific targeted evaluations in communities of color between stakeholders in the health departments and those in their funding organizations, such as the CDC, Robert Wood Johnson Foundation, National Cancer Institute, and other organizations.

Finding 4: There was Little Communication across the Multiple Tobacco Control Stakeholders and the Network Organizations

The states in our analysis have a variety of structures in place to address tobacco control and prevention. Conducting ethnic minority tobacco prevention and control initiatives with numerous diverse structures requires a great deal of coordination and communication to ensure that all relevant parties remain informed and that roles and responsibilities are clearly defined and delegated. All the states in our analysis face coordination and communication challenges on at least one of the following levels: (1) between the Network and state tobacco control officials, (2) between the different ethnic minority Networks within the state, and/or (3) within the Networks themselves (internal).

Coordination and Communication with State Tobacco Control Officials. Every state in our analysis contracts with community agencies across the state to conduct tobacco prevention and control initiatives. States with well-established, organized Network infrastructures in place are able to conduct activities in different regions across the state, whereas states with newer or less organized infrastructures are more limited to conducting tobacco education activities in more populous, urban areas. Effective communication and coordination are critical to ensuring that Networks reach members of the target populations located in less populated, more rural areas across the state.

Tension exists in some states due to a lack of involvement by state officials. However, one state is unique in that it employs the services of an independent consultant who provides cultural competency training and facilitation for all four Networks. This consultant operates under a contract through a local university, although the state tobacco control program provides funding for the contract.

In four of the seven states, our analysis suggests that the state tobacco control officials are very hands off for the most part, providing input on strategic plans but little direct guidance in the areas of cultural competency training, technical assistance, surveillance, and evaluation. Although the Networks appreciate the laissez-faire approach, most desire effective communications channels in the areas of grant writing and development of culturally-specific strategies that could contribute to a decrease in health disparities. Where regional contacts were available, the Networks often found the contacts to be of little use, especially in the area of cultural appropriateness. In instances where the state was unable to provide the Networks with the guidance they needed, the Networks often relied on each other for help and would occasionally go outside of the budget allotted to them by the state to obtain external training.

Opportunity for Improvement. A national coordinating body could provide Networks with the guidance needed to create and maintain effective channels of communications, thereby enhancing their capacity to achieve the desired goals and objectives. Such a center could provide the Networks with knowledge on evidence-based strategies for conducting initiatives in culturally appropriate ways. Within each race are several ethnic groups that may require different outreach strategies. By collecting nationwide information on methods that have proven to be effective in reaching various ethnic groups across each state, the Coordinating Center could assist the networks in reaching their target populations more efficiently.

Coordination and Communication among the Tobacco Education Networks. For the most part, the Networks within each state operate independently of each other. They lack the knowledge and resources to establish cross-communications, and most state programs do not offer a medium conducive to this. Most state programs only offer an annual conference as a networking opportunity for the Network's CBOs. However, most CBOs have not reached a level of organizational maturity in which cross-collaborations are nurtured, so post-conference communications and collaborations have not been a priority. However, one state has regular monthly conference calls with members of each Network in attendance. The purpose of these meetings is to increase the level of communication and possible coordination within joint objectives, such as those that are policy related.

Staffing shortages and shrinking budgets are the primary reasons for the lack of communication and coordination among the Networks. State budget cuts resulting in staff turnover in tobacco control programs across the nation have impeded capacity growth. This in turn has affected the states' ability to coordinate and promote communications across Networks. Through our study, we found that several state tobacco control officials have been in their current position for less than one year and reported that many of their staff members also assumed their current positions within the past year. In addition, without adequate levels of support staff in state tobacco control programs, program directors and managers are overburdened and lack the time and resources to assist with coordination and communication issues among the Networks.

Opportunity for Improvement. As an initial step, we suggest that states use their already existing tobacco control or Department of Health websites for Networks and their agencies to share strategies to enhance individual Network's efforts. This may also be achieved through bimonthly conference calls or newsletters coordinated through existing state tobacco control personnel. In addition, a national technical assistance coordinating body that specializes in tobacco control initiatives within communities of color could maintain a centralized data bank of Network initiatives by types of initiatives and populations served, thereby promoting collaborations between states when planning future endeavors. However,

communications among Network stakeholders should be culturally sensitive. One state found that cross-Network communications among their American Indian Network and the other Networks were deteriorating because of the other Networks' emphasis on adult cessation. When communicating with the American Indian Networks, stakeholders should be sensitive to the possibility that tobacco use is considered sacred in some of these communities and to refer to initiatives designed to stop commercial, rather than sacred, tobacco use.

Internal Coordination and Communication. Some of the staff interviewed referred to a lack of internal coordination among the existing ethnic Networks on all the CBOs' activities by each Network. Local organizations are conducting independent initiatives, rather than having the Network coordinate a group of organizations in conducting an initiative that can reach a wider population. Three of the states we interviewed have large clusters of American Indian populations that are spread out over a wide geographic expanse, making it difficult for CBOs to mobilize current volunteer staff across each state. In one of these three states, CBO staff exacerbated this challenge by the lack of a shared vision among their initiatives. A set of commonly agreed upon goals and objectives for all the CBOs within each ethnic Network could maximize the use of local resources, especially in Networks with small populations that cover wide geographical areas.

Opportunity for Improvement. A centralized coordinating body specializing in tobacco prevention and control initiatives for communities of color could serve as a technical assistance tool for the Networks and suggest promising practices for the coordination of activities within each Network. The center could assist the Networks with internal coordination and communication issues, encouraging and rewarding collaborations among the CBOs within the Networks, and assist in creating and maintaining mutually beneficial cross-state collaborations.

Many of the respondents in our analysis also conduct health promotion and disease prevention activities outside the realm of tobacco education. They believe that having the full support of a coordinating body in their tobacco education-related efforts would be a tremendous asset in enhancing the effectiveness of their initiatives.

Finding 5: The Continual Loss of Experienced Staff is Severely Affecting the State Networks' Ability to Build Capacity

Nearly every state in our analysis commented on the difficulties of retaining experienced staff. In response to funding cuts, many state tobacco control programs do not pay staff members adequately (at both the state and Network levels), and when these staff leave for other jobs the program faces staffing shortages. Left with low funding levels, state programs are often unable to recruit experienced program directors, leaving their initiatives in the hands of inexperienced staff who lack a solid understanding of the primary issues faced by ethnic Tobacco Education Networks. Two long-time tobacco control stakeholders from different states expressed their frustration at constantly meeting staff at state tobacco conferences and trainings who have 1 year or less of tobacco control experience. While in attendance at these events, they spend a great deal of their time bringing other attendees up to date in tobacco issues, rather than sharing knowledge and experiences.

In addition, faced with pending budget cuts, states may implement job freezes that leave programs unable to replace lost staff. Constant turnover at the state and Network levels compromises morale and the ability of state programs and ethnic Networks to gain momentum and achieve desired goals and objectives. Ensuring that state programs have sufficient funding to support core staff and build capacity is critical to providing the necessary guidance to Networks that would enable them to achieve reductions

in tobacco use in minority communities across the state. One common area of frustration for most of the staff interviewed was the loss of staff after the program invested time and resources training them. One example, mentioned by several Network representatives, is the recruitment of bilingual staff for minority outreach who receive intense training in computer use and tobacco use issues from the Network and are then lost to other tobacco control organizations, sometimes even the state program. The Networks report that Health departments would benefit from recognizing Networks' limits with regard to building capacity and infrastructure within respective communities of color. The variability among participating CBOs would not be resolved through Network funding alone; other capacity and infrastructure initiatives would need to be considered to resolve this problem over the long term.

Another challenge noted by three of the states interviewed is the heavy dependence of some Networks on a small group of core leader organizations. Some of the Networks in our analysis are comprised of a large group of organizations where only one or two agencies have knowledge and expertise within certain areas. For example, one African-American Network may be comprised of 15 CBOs throughout the state, of which only one agency has strong grant writing experience, and only one other agency has strong ties to community health agencies across the state. This is a fragile system because of the lack of capacity among the majority of the CBOs and the strong dependence on two agencies.

Several respondents in our analysis noted the importance of establishing strong coalitions across Networks, suggesting that if one of the agencies were to leave one of the state Networks or if key leaders stepped down, tobacco education activities in minority communities could still occur across the state.

Opportunity for Improvement. States should ensure in their fiscal year plans that their tobacco control programs have adequate funding for the long-term support of a core team of state tobacco control staff. States would identify and protect the positions for this core team and in so doing eventually build capacity. If the state program faces funding cuts, the state could decrease staff numbers without losing the core group. It is important to maintain a core staff so that this group of tobacco stakeholders can build capacity through the years. States with experienced core staff could more efficiently attract, train, and maintain efficient staff.

A coordinating body could ease the burden currently placed on many state tobacco control program directors to provide Networks with technical assistance, enabling them to devote more time to key administrative issues. It could also provide technical assistance to the state staff to increase their sensitivity to the challenges of managing a coalition with variable characteristics.

Finding 6: Networks have Difficulty Reaching Target Populations that are Located in Widely Dispersed Geographical Areas

Most of the states in our analysis reported issues related to the geography of their respective states. In a couple of states, the size and varied terrain made it difficult to reach all of the target population. States found it extremely difficult to mobilize groups of volunteers who were active in their immediate areas across the broader areas of the state. In another state where initiatives were coordinated at the county level, the diverse cultural makeup of each county made it difficult to have cross-county collaborations.

Network community organizations have not been able to implement cost-effective initiatives that reach target populations located in vast geographical areas. There is little coordination of multiple strategies within each Network, or across the Networks within each state, at the county or community level. Networks require assistance in reaching and establishing coalitions with traditional nontobacco CBOs.

This lack of collaborations among CBOs in geographically dispersed areas increases the cost of CBO tobacco control initiatives.

One state found that its geographic makeup was a benefit to the overall goals of the ethnic minority Tobacco Education Networks. In this particular state, agencies that already had projects that spanned the state managed the Networks. This was the biggest selling point as the agencies responded to Requests for Applications and continued to be a plus, as the agencies already had collaborative ties across the state and were able to build upon those ties to accomplish the goals of the Network.

Opportunity for Improvement. We suggest that existing national organizations that already have state links and are already fulfilling evaluation activities search for funds to create a centralized coordinating body for multiethnic tobacco control initiatives. Networks could address their needs for coordination of multiple strategies at the state level through this center, since it would also serve as a centralized database of race- and ethnicity-specific tobacco control initiatives. The center could also assist by fostering collaboration and communication among all tobacco control stakeholders with specific ethnic CBOs. Strategic planning that promotes collaboration among the statewide tobacco control county departments and all local CBOs could maximize the Network's ability to implement its initiatives.

4. DISCUSSION

Cigarette smoking is a major cause of disease and death in the United States among all ethnic and racial populations. Each year, tobacco-related illnesses kill 442,000 Americans (CDC, 2002b). Rigorous evaluation research is necessary to provide sound guidelines for tobacco control and prevention initiatives in communities of color. Respondents from six of the seven states identified the lack of adequate and consistent funding to the state's tobacco control program as the one common element in all the barriers faced by states in implementing Tobacco Education Networks. Consistent funding is necessary to facilitate capacity building and sustainability in the Tobacco Education Networks.

We also found that the Networks faced complex challenges that transcended the capacity of each state's tobacco control program or any one Network to resolve them. The lack of publicly available information identifying promising practices or successful strategies in tobacco control in communities of color was a major barrier faced by the Networks and the state. Neither the state nor the Networks have the data necessary to provide support services in organizing, planning, conducting, and reporting on tobacco control initiatives and research and projects within each of their communities of color. In addition, most of the Networks report that guidance on evaluation, such as on basic principles of surveillance or interpretation of data, was not available at the state or community level.

A comprehensive plan designed for the needs of specific populations within specific Networks is necessary to increase the organizational capacity of all tobacco control stakeholders within each state program and to provide each with a role in developing their state Tobacco Education Network. We found several projects and initiatives implemented at the national and local level that provide tobacco-related technical assistance to communities of color or to specific ethnic groups. However, these efforts were either not known to, or did not address the specific needs of, the state or Network staff we interviewed. Health Departments need to integrate into their comprehensive plans recommendations that consider the respective challenges of their Networks and an overall vision of how they fit into specific goals regarding diversity and inclusivity; capacity and infrastructure development; cultural competence; eliminating population disparities; and achieving progress in the goals of prevention, cessation, and reduction of secondhand smoke.

A process evaluation of existing Networks might help identify each Network's components and the strategies used to achieve their goals within the framework of that state's tobacco control program. Such a study (whether sponsored by DHHS or any other entity) could identify emerging efforts to prevent disease and keep people healthy through tobacco control initiatives. Further research could help foster the translation of findings from such evaluations into a set of guidelines available to all state and Network personnel interested in implementing Tobacco Education Networks for communities of color.

REFERENCES

California Department of Health Services Tobacco Control Section. November 2002. California Tobacco Control Update 2002. <http://www.dhs.cahwnet.gov/tobacco/>. (February, 2003).

Campaign for Tobacco-Free Kids. January 22, 2003. Show Us the Money: A Report on the States' Allocation of The Tobacco Settlement Dollars. <http://www.tobaccofreekids.com/reports/>. (February, 2003).

Centers for Disease Control and Prevention (CDC). 1995. Unpublished data. African Americans and Tobacco. Online Fact Sheet. <http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-afr.htm>. (February, 2003).

Centers for Disease Control and Prevention (CDC). August 28, 2001. "Smoking During Pregnancy in the 1990s." National Center for Health Statistics. *National Vital Statistics Reports*, 49:7. <http://www.cdc.gov/nchs/releases/01news/smokpreg.htm>. (February, 2003).

Centers for Disease Control and Prevention (CDC). 2002a. "Tobacco Control State Highlights 2002: Impact and Opportunity." Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. <http://www.cdc.gov/tobacco/ StateHighlights.htm>. (February, 2003).

Centers for Disease Control and Prevention (CDC). 2002b. "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995–1999." *Morbidity and Mortality Weekly Report*, 51(14):300-303.

Florida Leadership Council for Tobacco Control and the Tobacco-Free Florida Partners Network for the Florida Department of Health. February 2002. Tobacco Prevention and Control: Florida's Comprehensive Plan for Action 2001-2003. <http://www.doh.state.fl.us/family/ tobacco/CSP.html> (February, 2003).

HealthierUS Initiative. June 2002. President George W. Bush's health and fitness initiative. <http://www.whitehouse.gov/infocus/fitness/fitness-policy-book.pdf>. (February, 2003).

Maryland Department of Health and Mental Hygiene. February 2002. Cigarette Restitution Fund— Tobacco Use Prevention and Cessation Program—Family Health Administration. <http://mdpublichealth.org/crfp/pdf/F03tobacco.pdf>. (February, 2003).

Mutran, E.J., and M.E. Girlando. February 8, 2002. "Evaluation Synthesis: Tobacco Control Programs in Communities of Color." Research Triangle Park, NC: RTI International.

Nelson, R.B. June 2002. "Minority Tobacco Control Projects. Final Evaluation Report 2002." 21st Century Research & Evaluations, Inc.

Oregon Department of Human Services. Overview of Oregon's Tobacco Prevention Program. <http://www.ohd.hr.state.or.us/tobacco/overview.htm>. (February, 2003).

Substance Abuse and Mental Health Services Administration (SAMHSA). 2001. *Summary of Findings from the 2000 National Household Survey on Drug Abuse*. NHSDA Series H-13, DHHS Publication No. (SMA) 01-3549. Rockville, MD: Office of Applied Studies. <http://www.samhsa.gov/oas/NHSDA/2kNHSDA/appendixf1.htm>. (February, 2003).

Texas Department of Health, Tobacco Prevention and Control. December 2002. Strategic Plan 2003-2008. <http://www.tdh.state.tx.us/otpc/plan.pdf>. (February, 2003)

Tobacco Use Prevention and Cessation Advisory Committee. May 2002. The Oklahoma State Plan for Tobacco Use Prevention and Cessation. <http://www.health.state.ok.us/program/tobac/StatePlan/stateplan.pdf>. (February, 2003)

U.S. Census Bureau. April 2, 2001. Census 2000 Redistricting Data (P.L. 94-171) Summary File for States and Census 2000 Redistricting Summary File for Puerto Rico, Tables PL1 and PL2. <http://quickfacts.census.gov/qfd/>. (February, 2003).

U.S. Department of Health and Human Services (USDHHS). 1998. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. <http://www.cdc.gov/tobacco/sgrpage.htm>. (February, 2003).

U.S. Department of Health and Human Services (USDHHS). June 2000. Clinical Practice Guideline. Treating Tobacco Use and Dependence. <http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf>. (February, 2003).

Wisconsin Department of Health and Family Services. Wisconsin Tobacco Control Program Information. <http://www.dhfs.state.wi.us/health/TobaccoControl/index.htm#Control>. (February, 2003).

State Tobacco Prevention and Control Program Descriptions

A.1   CALIFORNIA

The California Tobacco Control Program has four primary goals:

- reduce exposure to secondhand smoke,

- reveal and counter tobacco industry influence,

- reduce the availability of tobacco products, and

- provide cessation services.

To achieve these goals, the California Department of Health Services conducts a variety of innovative strategies, including a statewide media campaign; tobacco control programs in local health departments; competitively selected state, regional, and community-based projects; and an extensive evaluation of the entire tobacco education campaign. To assist with implementation of these programs, the Department of Health Services created a Tobacco Control Program in 1989. The mission of the Tobacco Control Section is to work toward achieving a tobacco-free California and to reduce illness and premature deaths attributable to tobacco by implementing programs to reduce use and exposure to secondhand.

In 1991, California established the Statewide Joint Ethnic Tobacco Education Networks—four statewide ethnic Networks that address tobacco use in California's multicultural populations:

- AATEN—African-American Tobacco Education Network

- AITEN—American Indian Tobacco Education Network

- APITEN—Asian & Pacific Islander Tobacco Education Network

- H/LaTEN—Hispanic/Latino Tobacco Education Network.

The Tobacco Control Section of the California Department of Health Services funds each Network with $1 to $1.4 million over a 43-month grant period. The California Tobacco Control Program's total funding for fiscal year 2003 was $88.35 million, the equivalent of 4 percent of the $2.2 billion California collects annually in settlement payments and cigarette excise taxes (Campaign for Tobacco-Free Kids, 2003).

Through statewide advisory committees and membership, these Networks conduct a wide array of activities, including

- conducting culturally-specific educational and advocacy campaigns;

- addressing tobacco cessation through creation of system-level changes;

- administering a mini-grant program; and

- providing training and technical support to the state, local lead agencies, regions, and community-based organizations (CBOs). Among the major initiatives are the provision of statewide assistance on policy through the Legal Center and through BREATH (Smoke-free Bar Project) and technical assistance on how to effectively reach and work with California's diverse populations through media and public relations.

A.2   FLORIDA

The primary goals of the Florida Tobacco Control Program (FTCP) are to

- prevent initiation of tobacco use,

- reduce tobacco use, and

- protect citizens from secondhand smoke exposure.

The FTCP has six priority areas: (1) diversity initiatives, (2) youth development, (3) Community Partnerships, (4) education and training, (5) marketing and communications, and (6) evaluation and research. In an attempt to integrate cultural competence throughout activities supporting the various programs, the Diversity Initiatives Program supports targeted interventions focused on reaching the African-American, American Indian, Hispanic, and Asian/Pacific Islander communities. Florida allotted $37.5 million for tobacco prevention for fiscal year 2003; this amount is the equivalent of 3.9 percent of the state's tobacco-generated revenue from cigarette excise taxes and settlement payments (Campaign for Tobacco-Free Kids, 2003).

The Diversity Initiatives Program is the central element in Florida's present efforts to address the challenge of reducing tobacco use among its diverse populations. The Program's main function in fiscal year 2003 is to work as a technical assistance center in matters of diversity for the different components of the Division located in the five Florida regions. In prior years, the Division focused its diversity efforts through the Minority Tobacco Control Project (MTCP). The MTCP received an annual fund of $1 million for its mini-grants program, led by an MTCP Task Force of 14 racially and ethnically diverse members with expertise in minority issues. The FTCP developed the MTCP component on the premise that racially and ethnically diverse youth do not necessarily receive or perceive mainstream tobacco control messages as the majority youth do; so distinct initiatives are necessary to empower these youth to be agents of change within their communities.

The FTCP discontinued the grants program in fiscal year 2002. Among its activities in fiscal year 2002, the Diversity Initiatives Program conducted a 4-month $150,000 pilot project of a Multiethnic Network. The pilot involved the top five grantees from the MTCP and ran between February and June 2002. The program awarded each of the five organizations $30,000 to recruit CBOs, conduct trainings in ethnic-specific educational awareness, and to develop a database of minority CBOs in Florida. Diversity Initiatives modeled the Multiethnic Network, in part, based on the California Ethnic Networks. The pilot focused its activities on youth aged 11 to 24 of minority backgrounds, in alignment with the state's priority goal of prevention. The pilot organizations conducted a community needs assessment through focus groups and tobacco control activities (Nelson, 2002):

- The Big Bend Filipino American Association conducted multiethnic youth and adult focus groups in two northern Florida counties located in Region 1 of the FTCP. The Association also conducted some education initiatives and outreach and identified 35 CBOs willing to develop collaborative relationships with the FTCP. The main barriers faced by the Association during initiative implementation were associated with staffing and timing. The limited number of staff to conduct initiatives in wide geographical regions and the short time period provided for the pilot did not permit the development of relationships with local organizations.

- Mt. Olive Housing & Community Development Corporation conducted multiethnic youth and adult focus groups in two northern Florida counties located in Region 2 of the FTCP. Mt. Olive also conducted a 1-day, predominantly African-American, youth workshop targeting the use of cigarettes and blunts (a blunt is a sliced open cigar where the tobacco is replaced with marijuana). Evaluators of the initiative found that providing Mt. Olive with additional time for planning, specifically to identify and recruit a more diverse ethnic population and to identify strategies to work collaboratively with other local CBOs, could have enhanced the initiative.

- The Rural Women's Health Project conducted multiethnic youth focus groups in two northern and central Florida counties located in Region 3 of the FTCP.

The Multiethnic Network pilot in Florida did not have a chance to structure itself as a stand-alone entity or to develop collaborative relationships with each county Community Partnership because of the short duration of the pilot. Due to budget restraints, the FTCP discontinued the Multiethnic Network pilot at the end of fiscal year 2002.

During fiscal year 2003, the FTCP has funded minority-focused community projects through the Community Partnerships. The Diversity Initiatives Program serves mostly as a liaison center between the state, the Partnerships, and the CBOs to ensure that tobacco control activities throughout the state reach all communities of color. The Diversity Initiatives Programs is also conducting or coordinating a vast number of activities, including cultural- and ethnic-specific interventions, collaborative partnerships, materials development, community-based grants, grassroots and faith-based initiatives, and technical assistance and training.

A.3   NEW YORK

The primary goals of New York City's tobacco control program are to prevent initiation of tobacco use, promote cessation, and reduce exposure to secondhand smoke. The program guides its efforts by a five-point plan comprised of the following key components:

1. Taxation

2. Legal action

3. Cessation

4. Public education

5. Evaluation and monitoring

The state's tobacco prevention and cessation program has a budget for fiscal year 2003 of $40 million, the equivalent of 1.8 percent of the $2.28 million collected by the state in cigarette excise taxes and settlement payments (Campaign for Tobacco-Free Kids, 2003).

The state program adheres to the belief that increasing cigarette prices through taxation will help prevent young people from starting to smoke and encourage current smokers to reduce or stop smoking. Better enforcement of existing regulations, strengthening of current laws, and creation of new legislation are additional tools to help prevent or curb tobacco use. To help smokers become and remain tobacco-free, the program conducts numerous activities to increase the number of quit attempts per smoker and increase the likelihood of success with each attempt. The program has contracted with two agencies to reduce tobacco use in the Asian and Hispanic communities in New York.

A.4   OKLAHOMA

The Oklahoma State Plan for Tobacco Use Prevention and Cessation outlines three comprehensive goals:

- Prevention

- Cessation

- Protection from secondhand smoke exposure

The strategies used by the program to accomplish these goals are

- community-based programs,

- school-based programs,

- countermarketing campaigns,

- cessation initiatives, and

- statewide quit line.

Oklahoma allotted $2.45 million to tobacco prevention for fiscal year 2003. This represents 1.7 percent of the moneys collected by the state annually ($144 million) from settlement payments and cigarette excise taxes (Campaign for Tobacco-Free Kids, 2003). Ethnic populations in Oklahoma have suffered a disproportionate share of tobacco industry marketing and advertising campaigns, often resulting in higher smoking rates and disproportionate harm from diseases related to tobacco use. To address this disparity, Oklahoma currently has four ethnic minority Tobacco Education Networks in place to address these issues. The Hispanic Network, the state's first Network, began operations in September 2000. Development of the American Indian (April 2001), African-American (March 2002), and Asian American (March 2002) Networks followed. The Networks address policy and community action pertaining to tobacco industry targeted marketing, as well as the disproportionate effect of tobacco-related morbidity and mortality within their populations. The Networks are currently building advisory committees to assist with the development of a mission statement, goals, and objectives.

There are 38 federally recognized Indian tribes in Oklahoma. Eight percent of the state population in Oklahoma is American Indian; the state has the second largest number of American Indians in the United States, behind California.

A.5   OREGON

The primary goals of the Oregon Tobacco Prevention and Education Program (TPEP) are to

- reduce exposure to secondhand smoke,

- prevent youth initiation,

- promote cessation, and

- eliminate health disparities.

Oregon began the TPEP in 1997, funded by cigarette excise taxes earmarked in Ballot measure 44 for this use. In fiscal year 2003, the state allocated 6 percent of the $185 million proceeds from cigarette excise taxes to fund the program, a total of $11.09 million (Campaign for Tobacco-Free Kids, 2003). Oregon designed its program from evidence-based promising practices and organized it into six components: the Oregon Quit Line, a statewide public awareness and education campaign, school-based programs, local community-based coalitions, tribal programs, and multicultural programs. Each of the nine federally recognized tribes in Oregon receives funds through the Tribal Programs to implement tobacco education and prevention projects. The multicultural programs are comprised of six CBOs that serve Oregon's Hispanic, Asian/Pacific Islander, and African-American populations. These organizations develop culturally appropriate tobacco prevention and cessation activities at the local, regional, and state levels. Oregon implemented the local community coalitions at the county level in 1999 to serve adult populations; it added a youth component in 2001.

In Oregon, the coalitions act as a cohesive group of Networks. The coalitions' work focuses on five goals: prevent initiation, promote cessation, eliminate secondhand smoke, decrease pro-tobacco advertising and promotion, and build a state coalition that includes diverse partners. They are accomplishing these goals in Oregon's communities of color through various activities, such as disseminating culturally appropriate information on tobacco and other drug use, informing the public of the overall impact of secondhand smoke and its impact on the workplace, and decreasing youth access. Funding for the coalitions is available through grant moneys from the Health Department and the American Legacy Foundation.

The coalitions are developing culturally appropriate activities to ensure that messages about the dangers of tobacco and the harmful effects of secondhand smoke effectively reach all Oregon citizens. The Oregon coalition for Hispanic/Latino populations has faced a challenge in disseminating culturally appropriate education materials in Spanish due to the various levels of literacy in some of their communities. In addition, telephone quit lines were not an alternative since part of the population did not have a telephone.

A.6   TEXAS

The mission of the Texas Department of Health's Office of Tobacco Prevention and Control (OTPC) is to reduce the tobacco-related health and economic toll on the citizens of Texas. Primary goals include

- eliminating exposure to secondhand smoke,

- promoting tobacco cessation among adults and youth,

- preventing initiation of tobacco use by youth, and

- identifying and eliminating disparities among diverse/special populations.

In 1999, the Texas Department of Health used tobacco settlement funds to conduct a pilot study to determine the most effective ways of preventing tobacco use and promoting cessation among Texas residents. The ongoing pilot study, with fiscal year 2003 funds totaling $12.5 million, does not have formal ethnic Tobacco Education Networks, although several minority organizations serve as subcontractors to the state and primarily work with minority populations. The Texas Department of Health found that efforts to reach the target populations would be most effective if conducted at the most local level. As a result, it used community-based agencies rather than county offices to conduct outreach. The fiscal year 2003 budget is the equivalent of 1.1 percent of the $1.14 billion Texas state revenue from cigarette excise taxes and settlement payments (Campaign for Tobacco-Free Kids, 2003).

In its strategic plan for 2003–2008, the OTPC listed the following as strategies to achieve the goal of reducing tobacco use in diverse and special populations to eliminate disparities:

- Increase awareness, availability, and access to cessation resources, including the ACS Quitline, with an emphasis on diverse and special populations.

- Educate diverse and special populations about the harmful effects of secondhand smoke and the laws prohibiting or restricting marketing.

- Develop demographic and geographic profiles of diverse and special populations in Texas that experience the greatest adverse impact of tobacco or in which the impact is increasing.

A.7   WISCONSIN

The primary goals of the Wisconsin Tobacco Control Board (Board) are to

- prevent tobacco use among youth,

- promote cessation, and

- eliminate secondhand smoke.

The Board began its work in 2000 with Master Settlement Agreement (MSA) funds. Their mission was to develop a plan and allocate funds to reduce the impact of tobacco in Wisconsin. The Board allocated $15.5 million toward tobacco control and prevention for fiscal year 2003; this is the equivalent of 3.5

percent of the total revenue collected by Wisconsin from tobacco settlement payments and cigarette excise taxes (Campaign for Tobacco-Free Kids, 2003).

In late 2000, the Board released an RFP in which $600,000 was available for the creation of ethnic-specific Tobacco Education Networks that were based on California's model. The Board funded the Wisconsin Ethnic Network Collaborative (WENC) in April 2001 to develop culturally competent strategies to prevent tobacco use and promote cessation in communities of color. WENC spent the first 1.5 years developing infrastructure and capacity building; WENC is now moving toward making concrete changes at the community level. The Board designed Wisconsin's Network structure in such a way that the Division of Public Health's Minority Health program could provide guidance to all the Network organizations.

In fiscal year 2003, the Board increased funding for WENC to $650,000. The state distributed the money evenly across the four organizations, with an extra $40,000 going to the coordinating agency: the Black Health Coalition of Wisconsin, Inc. (coordinating agency and agency representing the African-American population); Great Lakes Intertribal Council, Inc.; United Migrant Opportunities Services, Inc. (Hispanic/Latino agency); and the Wisconsin United Coalition of Mutual Assistance Associations, Inc. (Southeast Asian). In addition to community-based efforts, WENC also worked with the Board's media campaign to develop advertising designed for their communities. In a draft of its strategic plan for 2001–2005, WENC listed the following objectives:

- By December 31, 2005, four statewide ethnic Networks will have been established and maintained to decrease tobacco consumption in the African-American, American Indian, Hispanic/Latino, and Southeast Asian communities.

- By December 31, 2005, there will be at least one policy development and/or change at the state and/or local level designed to reduce tobacco use and reflect the cultural values of communities of color.

- By December 31, 2005, each of the four Networks will have developed and implemented at least two culturally and linguistically appropriate local tobacco strategies. One of the two will be in the area of clean indoor area.

Tobacco Education Networks and Task Forces in Communities of Color—Semistructured Interview Script

BACKGROUND

Thank respondent for willingness to participate in this study.

Refresh her/his memory: Research Triangle Institute is working in conjunction with the Department of Health and Human Services and the Centers for Disease Control and Prevention's Office on Smoking and Health to conduct a study examining the various issues faced by State Tobacco Education Ethnic Minority Networks.

Restate Objective: To find out about the types of things that have helped and hindered the Network development process in attempting to enhance tobacco control and education in diverse communities.

Consent: I want to let you know that you may feel free to stop the interview at anytime. You are also free to decline answering any questions, and your answers will not be associated or identified with your name. Do you have any questions for me before we begin?

SEMISTRUCTURED INTERVIEW SCRIPT—USED TO GUIDE THE INTERACTION

I'd like to start out with a few questions regarding goals and objectives of the Network.

1. How would you describe the tobacco education racial and ethnic Networks in your state?

    What is the Network's mission statement?

    ○ What are the primary goals of the Networks in your state?
    ○ What are the specific objectives and desired outcomes for the Network with regard to the areas you just mentioned?
    ○ Can you briefly describe what you know about how the Networks and goals of the Networks developed?
    ○ How are these Network/s funded in your state?
    ○ What is the level of funding?
    ○ Do you feel that the Networks have been effective. If so, in what ways?
    ○ Can you describe for me some of the funding issues that have affected the creation and/or development of Networks in your state?
    ○ What are your responsibilities within the Network? How long have you been in this role?

2. I'd like to move on now to questions regarding the structure of the Network. Could you describe the organizational structure of the Network and how it fits into the overall state tobacco control plan?

    ○   When decisions are made by the Networks, is there a formal decision-making process?
    ○   Do you feel that the process is effective? If not, what would you change about it?
    ○   Are there any challenges that affect the infrastructure (or internal framework) of the Network?

3. What type of tobacco control and prevention activities have the Networks participated in or provided? What are some of the challenges faced? What are some of the solutions developed to address these challenges?

    ○   Community programs to reduce tobacco use
    ○   Chronic disease programs to reduce the burden of tobacco-related diseases
    ○   School programs
    ○   Enforcement and Policy
    ○   Statewide programs
    ○   Countermarketing
    ○   Cessations programs
    ○   Surveillance and evaluation
    ○   Administration and management

4. What are some of the challenges faced in providing the Networks with general infrastructure skills technical assistance and training on:

    ○   Coalition Building & Partnership Development
    ○   Communication/Presentation Skills
    ○   Computer Skills/Using Technology
    ○   Cultural Competency Training
    ○   Grant Writing
    ○   Leadership Development
    ○   Media Skills/Media Advocacy
    ○   Needs Assessment & Data Collection
    ○   Program Evaluation
    ○   Other?

5. Strategic Planning

    ○   Building collaborations within community organizations
    ○   Integrating tobacco into larger health issues.
    ○   What are the current politic issues, if any, that have impacted the creation and/or development of Networks in your state?
    ○   What challenges exist to the creation and maintenance of racial/ethnically representative advisory boards, strategic planning committees, and task forces?

Move on to questions that compare the characteristics of stronger vs. the lesser developed Networks.

6. Think about the Networks that you are familiar with that have what you consider to be a strong tobacco prevention and control program. Who are some of the stronger Networks? Could you list some of the characteristics that come to mind when thinking about some of the stronger Networks?

    o   What about them made them more successful?

7. What are some of the characteristics that make you think of certain Networks as less well-developed?

    o   What were some of the challenges experienced?
    o   What solutions were developed to address these challenges, if any?
    o   What additional types of assistance could have been made available to help the Network address these challenges?
    o   Were there particular technical assistance or training needs that became apparent through this experience?

8. Now can you think about some of your own Network's activities, programs, or policy initiatives that may have been less effective or less successful than you would have liked. What do you think made them less effective?

9. What have been some of the things that have assisted in Network development?

    o   How could these facilitators be expanded to better support the Networks efforts?
    o   What types of technical assistance and training would help your tobacco education racial and ethnic Network/task force be more effective in your tobacco prevention and control program's activities?

10. What advice would you give to other states that wish to set up a minority tobacco control Network similar to yours?

    o   If there was one thing you could communicate to the funding agency that you feel they need to know about challenges in the implementation of Networks or Network initiatives, what would it be?

11. Is there anything else you'd like to add that I haven't already asked or that we haven't covered?

12. Do you have any reports or brochures that you could mail or fax to me?

Thank respondent for her/his time.